

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Barbara Mudonha
Overview of the service	Residential care home without nursing for six people with learning disabilities.
Type of services	Care home service without nursing Domiciliary care service
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<hr/>	
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	7
Management of medicines	9
Requirements relating to workers	10
Assessing and monitoring the quality of service provision	11
<hr/>	
About CQC Inspections	13
<hr/>	
How we define our judgements	14
<hr/>	
Glossary of terms we use in this report	16
<hr/>	
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

On the day of our inspection six people lived at the home, we spoke with four of the people. The registered manager as detailed on this report no longer worked in the home and the newly appointed manager was not available on the day. However, we spoke with the team leader, operations director and four members of staff.

We found that people were able to give their consent before support was given. One person said, "Staff ask me how I want to be supported." This meant that staff acted in accordance with people's wishes.

We saw that people's care needs were assessed and clearly identified so that their health and wellbeing was promoted and met. One person said, "Staff look after me very well."

We found that people were given their medicines as they had been prescribed by their doctor to ensure their health and wellbeing. This meant that medicines were given to people appropriately as prescribed.

We saw that the provider had robust recruitment systems in place so that only staff suitable to work with vulnerable people were employed.

We found that people were asked for their views about the home and people were listened to. The provider had a system in place to ensure the quality of service provision was monitored so that any necessary improvements could be made.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

All people we spoke with told us that staff always asked for consent before any support was given. One person said, "Staff always ask first to see if you are happy with the support." We observed staff asking people to gain their consent before providing support. We saw that people had signed their care plans to give consent to agree with the care to be provided. All staff we spoke with told us they would check with people first, to see if they were happy with the support to be provided. This meant that people could not be given support without their consent being gained.

We found that where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw in one person's care records that a mental capacity assessment was carried out, and a health care professionals best interests meeting was held for a person who lacked capacity to give consent to care. All staff we spoke with demonstrated a good understanding of what should be done if people lacked capacity to give consent. This meant that people who lacked capacity to give consent to care had the decisions appropriately made in their best interests to ensure they received suitable care.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

All people we spoke with were very positive about the care and support they received. One person said, "Staff treat us very well." Another person said, "I'm happy here, the care is very good."

People's needs were assessed and their care was delivered in line with their individual care plan. We looked at three people's care records. These included detailed person centred care plans and risk assessments that showed staff how to safely support people to meet their needs and promote their independence. We observed that staff knew how to support people to meet their individual needs. The majority of people we spoke with felt staff knew how to support them to meet their needs. This meant that care was planned and delivered to meet person's individual needs.

We saw that the care records showed people had annual health checks to ensure that their health and wellbeing was monitored. We saw that people also attended regular check-ups with the dentist and optician. We saw that people were supported to attend health appointments where needed and the outcome of these were recorded so that staff were aware of changes to people's care. All staff we spoke with were able to confirm this. One person said, "My nurse and GP always visit me when I want to see them." This meant that staff knew the importance of people's health and they supported people to meet their healthcare needs. This showed that people were supported in a way that met their health needs.

We found that where needed a plan was in place which detailed how staff were to support the person to best manage their complex health needs. These showed that the person, staff and a specialist health care professional were involved in the plan. One person told us they sat down with their nurse and key-worker to discuss the care plan. All staff spoken with showed that they understood complex health care needs of people who lived at the home and how to manage them. We observed staff support one person to manage their health condition and they promoted their safety and wellbeing according to the care plan. This meant that the provider had systems in place to support people with their health and prevent ill health.

One person told us what activities they enjoyed and how staff supported them to do these.

We saw that people were encouraged to access community activities that allowed them to be part of the community they lived in. People were also supported to do leisure activities that they enjoyed and encouraged to go on holidays of their choice. One person told us they wanted to go to Blackpool on holiday and we saw staff plan the trip. This meant that the provider promoted people's welfare through participation in meaningful activities of their choice.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that there was an electronic system in place to record medicines administered. We saw that when medicines had been received from the pharmacy, a record was kept of what and how much was received for each person. We saw that a stock check was carried out each day to ensure medicines had been administered appropriately. We looked at both the electronic medicine administration records and the daily stock check for three people. We saw that both records matched. This meant that people had the medicines they needed as prescribed and staff would be aware of when they needed to order next prescriptions.

We observed staff administer people's medication, staff explained what the medication is used for to people before administering. We saw that staff were competent and skilled in administering medication safely. One person told us, "Staff ask me if I'm ready for my medication and I always get the right medication."

Some staff spoken with told us that only staff who had received training in giving people their medicines administered gave them to the people. Records of staff training confirmed this. All people we spoke with told us that they got their medication regularly and on time. This meant that staff had the training and skills they needed to make sure people received their medication safely.

Medicines were stored safely. We saw that medicines were kept in a locked cabinet. We saw that the temperature for the drug storage cabinet and the fridge for medicines were recorded daily and maintained to ensure that the medicines were stored at required temperatures at all times. All staff we spoke with knew what to do if the temperatures had gone out of the required range.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The provider had a system in place to ensure that staff were checked appropriately prior to employment. We found that a Disclosure and Barring Service (DBS) check (previously known as Criminal Records Bureau checks) and two pre-employment references were carried out. All staff we spoke with confirmed they had provided this information before their appointment. This meant that only suitable staff were employed to work with vulnerable people.

We saw that the provider had a robust system in place. We saw that all staff had attended an interview where they were asked questions that were relevant to supporting the people who lived there. This meant that the provider would recruit people with appropriate skills and knowledge necessary for the work to be performed.

We saw that staff had completed an induction process when they first started to work at the home. Most staff we spoke with confirmed this and also said they were able to shadow more experienced staff before being able to work with people on their own. Staff said that this ensured that they knew how to support the people living there to promote their safety and wellbeing. All the people spoken with felt that staff had the skills and knowledge to support them to meet their needs. This meant that people could be assured that staff would have the appropriate knowledge and skills to support them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We saw that people who used the service were asked for their views about their care and support and these were acted on. We spoke with three people who confirmed they were asked each month in the meetings held for people. We saw records of these meetings which included actions to be taken and feedback to people. All staff spoken with confirmed that people were given feedback when actions were taken and they were able to give examples of changes that resulted from people's views. The provider confirmed that the information gathered was used to improve the service. This meant that people were able to comment on the service they received and there were processes in place to act on people's views.

Some staff spoken with told us that they were asked for their views about the home and these were listened to and acted on if they helped the people who lived there. We saw records that showed that regular staff meetings were held. All staff we spoke with confirmed this. One member of staff said, "We can speak to the manager freely about our views on how the home is run and your views are valued."

We saw that a system was in place for recording incidents and monitoring trends. Staff we spoke with confirmed that they recorded all incidents that happened. We saw evidence that lessons were learnt from incidents and appropriate changes were implemented. The provider and some of the staff were able to give us examples of changes implemented as a result of learning from incidents. This meant that the provider had a system to ensure incidents were recorded, any trends monitored, and used the information to learn and improve the service.

We found that audits had been carried out at corporate and unit level. The audits we saw clearly identified where improvement was needed. We saw that action plans with time scales to make improvements were put in place. The provider confirmed that they carried out these audits regularly to monitor the quality of service provided. This meant that the provider had systems in place to monitor the quality of the service they provide.

We saw that the equipment provided in the home had been regularly tested and serviced to ensure it was safe for people to use.

We found that the provider took account of complaints and comments to improve the service. We saw records of complaints made and observed that they had been dealt with appropriately and resolved satisfactorily. We found that information was made available in accessible format to people explaining how they could complain. This information was readily available in communal areas of the home. All the people we spoke with told us they were very happy with the service and they all knew how to make a complaint if they had to. The staff we spoke with were also able to explain what they would do if someone had a complaint. This meant that the provider had a system in place to allow people to complain.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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